

EXHIBIT 4

PRE-PARTICIPATION CARDIOVASCULAR SCREENING QUESTIONNAIRE

Step 1 Answer "yes" or "no" to the statements listed under History and Symptoms, below.

History

You have had:

a heart attack

heart surgery _____

cardiac catheterization

coronary angioplasty _____

pacemaker/implantable defibrillator

heart valve disease _____

heart failure _____

heart transplantation _____

congenital heart disease

Symptoms

You experience chest discomfort with exertion

You experience unreasonable breathlessness

You experience dizziness, fainting, blackouts _____

You are pregnant _____

You take heart medications _____

You have musculoskeletal problems that interfere with your ability to exercise.

Step 2. If you answered "yes" to any of the statements under History or Symptoms, above, consult your healthcare provider before engaging in physical exercise.

Step 3. Answer "yes" or "no" to the statements listed under Cardiovascular Risk Factors, below.

Cardiovascular Risk Factors

You are a male older than 45 or a female older than 55 _____

You have had a hysterectomy or you are post-menopausal _____

You smoke _____

Your blood pressure is greater than 140/90 _____

You take blood pressure medication _____

Your blood cholesterol is \geq 240mg/dL _____

You are diabetic or take medication to control your blood sugar _____

You are physically inactive (i.e., less than 30 minutes of physical activity at least 3 days/week)

You are more than 20 pounds overweight _____

Step 4. If you answered "yes" to two or more of the statements under Cardiovascular Risk Factor, above, consult your healthcare provider before engaging in physical exercise. If you answered no to all questions under "History," "Symptoms," and "Cardiovascular Risk Factors," above, you should be able to exercise safely.

Citation. Joint Position Statement. AHA/ASCM Joint Statement: Recommendation for cardiovascular screening, staffing and emergency policies and health fitness facilities (June 1998).